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DECLASSIFICATION WORKSHEET

REVIEW DATE			REVIEWER			<input checked="" type="checkbox"/> NEW <input type="checkbox"/> CHANGE (GENERAL) <input type="checkbox"/> RE-REVIEW <input type="checkbox"/> DELETE
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06	10	78	3	7	2	044

JOB NUMBER	BOX NUMBER	FOLDER NO.	DOCUMENT NUMBER		CREATION DATE	ORIGINATING COMPONENT
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DOCUMENT TITLE
BUILDING EVACUATION - QUARTERS EYE

REVIEW CLASSIFICATION	RETENTION JUSTIFICATION	NEXT REVIEW DATE	REVIEW COORDINATION
C	22	10	